Department of the Treasury

Internal Revenue Service

DLN: 93493319050567 OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

Λ F	or th	e 2016 c	alendar vear or tay vear l	beginning 01-01-2016 , and ending 12-3	1-20	16			
			C Name of organization	beginning 01-01-2010 , and ending 12-3	1-20	10	D Employe	ar identif	ication number
		pplicable change	CALIFORNIA WATER ALLIANC	E					ication number
_	me ch	- 1					27-0707	7892	
	tial rei	-	Doing business as						
Fin		minated					E Telephon	o numbor	
		d return	Number and street (or P O bo PO Box 1267	ox if mail is not delivered to street address) Room/su	uite		'		
_		on pending					(559) 8	16-8691	
			City or town, state or province Hanford, CA 93232	e, country, and ZIP or foreign postal code					
					,		G Gross red	ceipts \$ 27	71,190
			F Name and address of pr	incipal officer	H(a) Is this	a group ref	turn for	
							dinates?		□Yes 🗹 No
					H(I	b) Are all includ	l subordinat ed?	es	☐ Yes ☑ No
I Ta	x-exer	mpt status	☐ 501(c)(3) ☑ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				st (see	instructions)
J W	ebsit	te:▶ ww	w californiawateralliance org		Н(exemption		· ·
K Forr	n of o	rganızatıon	☑ Corporation ☐ Trust ☐	Association ☐ Other ▶	L Ye	ar of forma	tion 2009	M State	of legal domicile CA
			·						
_Pa	_	Sum							
				sion or most significant activities ge of solutions to create a new approach to m	2225	na Califor	niae water		
Ce	-	ine organ	ization is seeking a wide ran-	ge of solutions to create a flew approach to in	ianayi	ng Caliloi	illas water		
e	-								
E E	-								
<u> </u>				on discontinued its operations or disposed of r			of its net a		
<u>ي</u> ع	1		-	verning body (Part VI, line 1a)				3	17
<u>~</u>	l		•	ers of the governing body (Part VI, line 1b)				4	17
#te	5	Total nun	nber of individuals employed	ın calendar year 2016 (Part V, line 2a)			•	5	0
Activities & Governance	6	Total nun	nber of volunteers (estimate	ıf necessary)			•	6	15
ď	7a	Total unr	elated business revenue fron			•	7a	0	
	ь	Net unrel	ated business taxable incom	e from Form 990-T, line 34				7b	
Ravenua						Pri	or Year		Current Year
Q,	8	Contribut	ions and grants (Part VIII, li	ne 1h)			226,8	300	266,590
ř	9	Program	service revenue (Part VIII, li	ne 2g)	Γ				0
Ąč	10	Investme	ent income (Part VIII, column	n (A), lines 3, 4, and 7d)					0
<u>—</u>	11	Other rev	venue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)			119,6	542	3,400
	12	Total reve	enue—add lines 8 through 1:	1 (must equal Part VIII, column (A), line 12)	F		346,4	142	269,990
	_			t IX, column (A), lines 1–3)	-+				0
	l		paid to or for members (Part		F				0
. 0	l		•	ree benefits (Part IX, column (A), lines 5–10)	F				0
Š	l	•		, column (A), line 11e)	F			+	0
8	Ι.		- ,		F			-	
Expenses	ı		raising expenses (Part IX, column Denses (Part IX, column (A),		-		207.0)F6	414 930
_	l			,	-		397,8		414,820
	l		•	st equal Part IX, column (A), line 25)	F		397,8		414,820
- (2)	19	Revenue	less expenses Subtract line	18 from line 12			-51,4		-144,830
Net Assets or Fund Balances						Seginning	of Current Y	ear	End of Year
set	20	Total ass	ets (Part X, line 16)		⊢		154,1	75	9,357
AB B	l				F		15-1,1	15	27
ĕ	l .		s or fund balances Subtract	lung 21 from lung 20	-		154,1		9,330
– ⊶ Pai				line 21 from line 20			154,1	.60	9,330
			ature Block	examined this return, including accompanying	sche	dules and	statements	and to	the hest of my
know	ledge	and belie		plete Declaration of preparer (other than offi					
any k	nowle	edge							
		*****	*			201	7-11-15		
Sign		Signati	ure of officer			Date			-
Here		VDISTE	EN DEGROOT-VAZ Sec/Treas						
			r print name and title						
		'	rint/Type preparer's name	Preparer's signature	Date			PTIN	
Paid	4		latalie Siegel CPA	Natalie Siegel CPA			ck 🗀 ıf 🛭 F	01553602	2
		or	irm's name M Green and Co	mpany LLP CPAs			employed n's EIN ►		
Pre		≠r -	irm's address ► 1483 Bailey Driv				ne no (559) !	584-2751	
Use	Un	ııy	Hanford, CA 93	230			. ,		
M	he TD								es 🗆 No
			this return with the prepared duction Act Notice, see the	r shown above? (see instructions)	•		12027	ı ∡ ı Y	
, or P	aper	WUIK KE	uuction ACL NOLICE, SEE Th	e separate ilistructions.	(Cat No 1	TZØZY		Form 990 (2016)

Form	990 (2016)					Page 2						
Par	t IIII Statement o	of Program Service	Accomplis	hments								
	Check if Sched	ule O contains a respo	nse or note to a	any line in this Part III		🗆						
1	Briefly describe the or											
enha ımpa	ncıng our natural resoui ctıng California's natura	rces and infrastructure I resources and infrast	Providing lead ructure Develo	lership, facilitating publicating properties	public and policy makers on the imp ic discourse and fostering consension oposals to address California's need perning California's natural resource	is on key issues is with respect to natural						
2	Did the organization u	ndertake any significar	nt program ser	vices during the year w	hich were not listed on							
	the prior Form 990 or	990-EZ?				🗆 Yes 🗹 No						
	If "Yes," describe thes	e new services on Sch	edule O									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?					☐ Yes ☑ No						
4		501(c)(4) organization	ns are required	to report the amount of	largest program services, as measi if grants and allocations to others,							
4a	(Code) (Expenses \$	409,380	including grants of \$) (Revenue \$)						
	See Additional Data	, , ,	,			,						
	-											
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)						
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)						
4d	Other program service	es (Describe in Schedu	e O)									
	(Expenses \$	•	dıng grants of	\$) (Revenue \$)						
4e	Total program servi	ce expenses >	409,3	80								

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 🔒 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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11d

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12a

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14a

14b

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Yes

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Nο Nο Nο Nο

Page 3

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Νo Nο No

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No

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Page 4

28a

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No

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Nο

Nο

Nο

Form **990** (2016)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	21		N
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
•	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 30		
·	The sa of 50, did the organization meronin 0000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	_		
		8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		No
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		0 (2016)
		-	വസ വവ	u 171116)

orm 9	990 (2	016)					Page 6
Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			" respo	nse to li	
		Check if Schedule O contains a response or note to any line in this Part VI	•	<u> </u>			✓
Sec	tion	A. Governing Body and Management					
1a	Enter	the number of voting members of the governing body at the end of the tax year	 1a	17		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter						
		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	tionship with any other	2	Yes	
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets? .	5		No
6	Dıd th	e organization have members or stockholders?			6		No
		e organization have members, stockholders, or other persons who had the power pers of the governing body?	to elec	t or appoint one or more	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?			7b		No
		e organization contemporaneously document the meetings held or written actions llowing	undert	aken during the year by			
а	The go	overning body?			8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?			8b		No
		re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> (9		No
Sec	tion	B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	e Code	e.)	
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10a		No
		s," did the organization have written policies and procedures governing the activiti ranches to ensure their operations are consistent with the organization's exempt p			10b		
	Has th	ne organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a		No
b	Descri	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13 .			12a		No
	Were conflic	officers, directors, or trustees, and key employees required to disclose annually in	tere s ts	that could give rise to	12b		No
С	Dıd th <i>Sch</i> ed	e organization regularly and consistently monitor and enforce compliance with the fule O how this was done	policy •	? If "Yes," describe in	12c		No
13	Did th	e organization have a written whistleblower policy?			13		No
14	Dıd th	e organization have a written document retention and destruction policy?			14		No
15	Dıd th per so ı	e process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation an	and ap	proval by independent sion?			
а	The or	rganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b		No
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Dıd th taxabl	e organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?	ımılar a	arrangement with a	16a		No
	ın join	s," did the organization follow a written policy or procedure requiring the organizal it venture arrangements under applicable federal tax law, and take steps to safegi	uard th				
	status	with respect to such arrangements?			16b		
Sec	tion	C. Disclosure					
17	Lıst th	ie States with which a copy of this Form 990 is required to be filed					
	avaıla —	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ble for public inspection Indicate how you made these available Check all that ap	ply				
	Descri	own website		•			
20	State	the name, address, and telephone number of the person who possesses the organ rey Bettencourt PO Box 1267 Hanford, CA 93232 (559) 816-8691	nization	's books and records			
		. , , , , , , , , , , , , , , , , , , ,				orm 00	n (2016)

Part VII

Director

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Tyler Bennett	0 00	x						0	0	0
Exec committee (2) Tony Azevedo	0 00									
Exec Committee	0 00							0	0	0
(3) Joseph Freitas Director	0 00	х						0	0	0
(4) Erik Hansen Chairman	0 00	х						0	0	0
(5) Shawn Coburn Exec Committee	0 00	×						0	0	0
(6) Ryan Ferguson Exec Committee	0 00	х						0	0	0
(7) KRISTEN DEGROOT-VAZ Sec/Treas	0 00	х						0	0	0
(8) ERIK BALLING Exec Committee	0 00	×		-				0	0	0
(9) WILLIAM BOURDEAU Exec Committee	0 00	х						0	0	0
(10) Chad Frazier Vice Chair	0 00	х						0	0	0
(11) JAIME HOWE Director	0 00	×						0	0	o
(12) Matthew Wilson Director	0 00	x						0	0	0
(13) Phil Brooks Director	0 00	х						0	0	0
(14) Bob Wilson Director	0 00	х						0	0	0
(15) CANNON MICHAEL Director	0 00	х						0	0	0
(16) Jeremy Freitas Director	0 00	x						0	0	0
(17) Chris Doherty	0 00	v							-	

0 00

Form 990 (2016) Page 8 Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section A. Officers, Directors, Trustees, key Employees, and Highest Compensated Employees (contin								itiriuea)			
(A) Name and Title	(B) Average hours per week (list any hours	than c	is both an officer and a director/trustee) oi			on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount o compens from	ated of other sation the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptoxee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ed
1b Sub-Total	art VII, Section	nΑ.				*					
Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived more than \$10	00,000		
										Yes	No
3 Did the organization list any former	officer, director	or trust	ee, k	ey e	mplo	oyee, d	or hig	ghest compensated	employee on		

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

4

5

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

3

4

5

(B)

Description of services

(C) Compensation

Form 990 (2016)

No

Nο

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .	<u></u>		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0		-	_
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	34,990	34,990		
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	0			
12 Advertising and promotion	5,707	5,707		
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	6,652	6,652		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	1,362	1,362		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	2,918		2,918	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,		,	
a OUTSIDE CONTRACT SERVICES	210,169	210,169		
b ADVOCACY & OUTREACH	150,500	150,500		
c Postage and Shipping	732		732	
d WEBSITE AND INTERNET	711		711	
e All other expenses	1,079		1, 0 79	
25 Total functional expenses. Add lines 1 through 24e	414,820	40 9,380	5,440	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Forn	n 990	(2016)				Page 11
Pa	irt X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		154,175	1	9,357
	2	Savings and temporary cash investments .	[2	0
	3	Pledges and grants receivable, net			3	0
S.	4	Accounts receivable, net	[4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L		5	0	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	n 4958(c)(3)(B), and ations of section 501(c)(9)		6	0
ssets	-	Inventories for sale or use		8		
As	8				9	
	9	Prepaid expenses and deferred charges	,		9	
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	0
	11	Investments—publicly traded securities .			11	0
	12	Investments—other securities See Part IV, line	:11		12	0
	13	Investments—program-related See Part IV, lin	e 11		13	0
	14	Intangible assets	[E	14	0
	15	Other assets See Part IV, line 11	[15	0
	16	Total assets.Add lines 1 through 15 (must equ	ual line 34)	154, 1 75	16	9,357
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue	[19	

	SOFFICE	

II of Schedule L				l
Loans and other receivables from other disqualific section 4958(f)(1)), persons described in section contributing employers and sponsoring organizat voluntary employees' beneficiary organizations (s Part II of Schedule L Notes and loans receivable, net		6		
Inventories for sale or use			8	
Prepaid expenses and deferred charges			9	
Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
Less accumulated depreciation	10b		10 c	
Investments—publicly traded securities .			11	
Investments—other securities See Part IV, line 1	11		12	
Investments—program-related See Part IV, line	11		13	
Intangible assets	[14	
Other assets See Part IV, line 11	[15	
Total assets.Add lines 1 through 15 (must equa	l line 34)	154,175	16	
Accounts payable and accrued expenses			17	
Grants payable			18	
Deferred revenue			19	
Tax-exempt bond liabilities			20	
Escrow or custodial account liability Complete Pa	art IV of Schedule D		21	
Loans and other payables to current and former of key employees, highest compensated employees				
persons Complete Part II of Schedule L			22	
Secured mortgages and notes payable to unrelate	ed third parties		23	
Unsecured notes and loans payable to unrelated	third parties		24	
Other liabilities (including federal income tax, pay and other liabilities not included on lines 17-24) Complete Part X of Schedule D	15	25		
The second state of the se		15	26	

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			269,990
2	Total expenses (must equal Part IX, column (A), line 25)	2			414,820
3	Revenue less expenses Subtract line 2 from line 1	3			-144,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			154,160
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			9,330
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

Audit Act and OMB Circular A-133? За **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form **990** (2016)

Additional Data

Software Version: 2016v3.0

Software ID: 16000303

EIN: 27-0707892

Name: CALIFORNIA WATER ALLIANCE

EDUCATE THE PUBLIC AND POLICY MAKERS ON THE IMPORTANCE OF PROTECTING AND ENHANCING OUR NATURAL RESOURCES AND INFRASTRUCTURE

Form 990 (2016)

Form 990, Part III, Line 4a:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493319050567 OMB No 1545-0047

Open to Public Inspection

	LIFORNIA WATER ALLIANCE					07892	ation nun	ibei
Pa	Organizations Maintaining Donor Complete if the organization answere					•		
		(a) Donor advise	d fund	S	(b) F	unds and other	accounts	
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							<u> </u>
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor funds are the organization's property, subject to				nor advised		Yes	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					pose	☐ Yes	□ No
Pa	rt II Conservation Easements. Complet	e if the organization	answe	ered "Yes" or	n Form 990,	Part IV, line	7.	
1	Purpose(s) of conservation easements held by the	e organızatıon (check all	that a	pply)				
	\square Preservation of land for public use (e g , rec	reation or education)		Preservation	of an historic	ally important l	land area	
	Protection of natural habitat			Preservation	of a certified	historic structu	ıre	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserva	ation c	ontribution in	the form of a <u>c</u>	conservation Held at the I	End of the	e Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easemen	ts			2b			
С	Number of conservation easements on a certified			•	2 c			
d	Number of conservation easements included in (c structure listed in the National Register) acquired after 8/17/06	, and r	not on a histor	ric 2d			
3	Number of conservation easements modified, traitax year	nsferred, released, extin	guishe	d, or terminat	ed by the orga	anızatıon durın <u>c</u>	g the	
4	Number of states where property subject to cons	ervation easement is loc	ated 🕨					
5	Does the organization have a written policy regar and enforcement of the conservation easements		rıng, ı	nspection, har	ndling of violat	ions,	es 🗌	No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of	violatio	ons, and enfor	cing conservat	ion easements	during the	e year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violat	ions, a	nd enforcing o	conservation e	asements durir	ng the year	r
8	Does each conservation easement reported on lin	e 2(d) above satisfy the	requir	ements of sec	tion 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?					☐ Y	es 🗆	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or						
Pa	rt III Organizations Maintaining Collect Complete if the organization answere				r Other Sim	ilar Assets.		
1a	If the organization elected, as permitted under SI art, historical treasures, or other similar assets his provide, in Part XIII, the text of the footnote to it	eld for public exhibition,	educa	tion, or resear	ch in furtherai			of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items							
	(i) Revenue included on Form 990, Part VIII, line 1					> \$		
(ii)Assets ıncluded ın Form 990, Part X					▶ \$		
2	If the organization received or held works of art, following amounts required to be reported under				or financial ga	in, provide the		
а	Revenue included on Form 990, Part VIII, line 1					> \$		
b	Assets included in Form 990, Part X					> \$		
For	Paperwork Reduction Act Notice, see the Insti	uctions for Form 990.		Ca	et No 52283D	Schedule	D (Form 9	990) 2016

Par	t II	I	Organizations Ma	aintaining Col	lections c	f Art, H	listori	cal Tr	eası	ıres, or	Other:	Similar	Assets (continued)	
3			the organization's acq (check all that apply)	uisition, accessior	, and other	records,	check a	any of t	he fo	llowing th	nat are a	sıgnıfıcan	t use of it	s collection	
а] [Public exhibition				d		Loan	or excha	nge prog	rams			
b]	Scholarly research				e		Othe	r					
c] [Preservation for future	e generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII														
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No														
Pa	rt I	V	Escrow and Cust	odial Arrange	ments.										
			Complete if the org X, line 21.	ganization answ	ered "Yes	" on For	m 990,	, Part I	اV, ار	ine 9, or	reporte	d an am	ount on	Form 990,	Part
1a		the	organization an agent ed on Form 990, Part)		an or other	ıntermedi	ary for	contrib	ution	s or othe	r assets r	not	□ Y €	es 🗆 N	0
ь	If	"Yes	," explain the arrange	ement in Part XIII	and comple	ete the fol	llowina	table		Γ			Amount		_
С			ing balance		•		_				1c				_
d		_	ons during the year							Ī	1d				_
е			utions during the year	r							1e				_
f			balance	•						-	1f				_
2a		_	e organization include	an amount on Fo	rm 990 Pai	t X line 1	21 for 6	escrow/	or cu	L Istodial ad	count lia	bility?			_
			-									·	∐ Ye		D
b	If	'Yes	," explain the arrange											<u> ⊔</u>	
Pā	irt \	<u> </u>	Endowment Fund	ds. Complete if					s" 01						
	_				(a)Currer	t year	(b) Pr	or year	_	(c)Two ye	ars back	(d)Three	years back	(e)Four year	s back
	_		ng of year balance						_						
			itions												
			stment earnings, gair						_						
d	Gra	nts c	or scholarships	•											
е			openditures for facilities grams	es											
f	Adn	ninis	trative expenses .												
g	End	of y	ear balance												
2	Pr	ovide	e the estimated perce	ntage of the curre	nt year end	balance	(line 1g	, c <mark>ol</mark> um	nn (a)) held as	;				
а	Вс	ard	designated or quasi-e	ndowment 🟲											
b	Pe	rmai	nent endowment >												
С	Te	mpo	rarily restricted endov	wment >											
	Th	e pe	rcentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а	or	ganız	ere endowment funds zation by	· ·	sion of the o	organızatı	ion that	are he	ld an	id adminis	stered for	r the	_	Yes	No
	• •		elated organizations						•					a(i)	
h	•	•	ated organizations .				n Scho	 dula D2	•					a(ii) 3b	
4			" on 3a(II), are the rel be in Part XIII the inte	-		•			•					30	
_	rt V		Land, Buildings,			II 3 CII G OV	VIII CIIC I	unus							_
			Complete if the org			on Forn	n 990,	Part I	V, lır	ne 11a. S	See Forr	n 990, P	art X, lın	e 10.	
	De	scrip	tion of property	(a) Cost or oth (investme	er basıs	(b)Cost						epreciation		(d)Book value	1
1a	Lan	d .													
	Buil									1					
		_	ld improvements												
			ent							1			+		
										1					
			nes 1a through 1e (Co	l olumn (d) must er	gual Form 9	90, Part 2	X, colun	nn (B).	line	10(c)) -	, 1	>			
			3 (, ,		,		,/					1		

(1)Financial d (2)Closely-he (3)Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column	See Form 990, Part X, line 12. (a) Description of security or category (including name of security) Iderivatives Idequity interests (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if See Form 990, Part X, line 13.		b)Book value		thod of valuation d-of-year market value
(2) Closely-he (3) Other (A) (B) (C) (D) (E) (F) (G) (H)	(b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if				
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column	(b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if				
(B) (C) (D) (E) (F) (G) (H) Total. (Column	Investments—Program Related. Complete if				
(C) (D) (E) (F) (G) (H)	Investments—Program Related. Complete if				
(E) (F) (G) (H)	Investments—Program Related. Complete if				
(E) (F) (G) (H) (Total. (Column	Investments—Program Related. Complete if				
G) H) Fotal. (Column	Investments—Program Related. Complete if				
(G) (H) (Fotal. (Column	Investments—Program Related. Complete if				
H)	Investments—Program Related. Complete if				
Fotal. (Column	Investments—Program Related. Complete if				
	Investments—Program Related. Complete if				
		t he org anizat	tion answere	ed 'Yes' on Forn	1 990. Part IV. line 11c.
	(a) Description of investment	(b) Boo			ethod of valuation
	(a) Description of investment	(0) 500	ok value		d-of-year market value
(1)					
(3)					
(4)					
(5)					
(6)					
7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 13)	>			
Part IX	Other Assets. Complete if the organization answered (a) Descriptio		990, Part IV,	line 11d See Foi	rm 990, Part X, line 15 (b) Book value
(1)	(a) Description	, , , , , , , , , , , , , , , , , , , 			(B) Book value
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a	answered 'Vec	e' on Form O	00 Part IV line	. > 11e or 11f
	See Form 990, Part X, line 25.	answered res			= 11e or 11r.
1. (1) Federal in	(a) Description of liability		(b) Book v	alue	
CREDIT CARD 2)	PAYABLE			27	
3)					
4)					
5)					
6)					
7)					
(8)					
[9)	/L)				
	(b) must equal Form 990, Part X, col (B) line 25) uncertain tax positions In Part XIII, provide the text of	▶ of the footnote	to the organiz	27 ation's financial s	tatements that reports the

1

2

c

Ч

3

4

5

1 2

b

e

3

4

c

Part XIII

Return Reference

5

Part XII

Schedule D (Form 990) 2016

Page 4

Other (Describe in Part XIII) Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25 Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . Other (Describe in Part XIII) Add lines 4a and 4b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants . . .

Subtract line 2e from line 1

Other (Describe in Part XIII) . . . Add lines 2a through 2d

2c 2а Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b 2a 2b 2c 2d 4a 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2h

2e 3 4c 5 2e 3 4c 5

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Part XIII Supplemental Informat	Page 5	
Return Reference	Explanation	
		Schedule D (Form 990) 2016

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SCHEDUL	OMB No 1545-0047			
(Form 990 or EZ) Department of the T	990-	990-EZ ions on in. ictions is at	2016 Open to Public Inspection	
Name of the organization CALIFORNIA WATER ALLIANCE			Employer idea	ntification number
990 Schedule	e O, Sup	Diemental Information Explanation		
Reference				
Form 990, Part VI, Line 11b Form 990 Review Process	Signing d	irector reviews return prior to signing		

Return
Reference

Form 990,
Part VI, Line

Return
Return
Reference

Explanation

Explanation

990 Schedule O, Supplemental Information

Part VI, Line

19 Other

Organization
Documents
Publicly
Available